

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		FS201	
O.I.P.E. CLASSIFIER		5-1	105
FORMALITY REVIEW	DB	65373	10/13/99 1/3/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓ ✓
2	✓ ✓ ✓
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4	✓ ✓ ✓
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11	✓ ✓ ✓
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25	N ✓ ✓ ✓
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33	✓
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40	✓ ✓
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50	N ✓ ✓ ✓

Claim	Date
Final	
Original	
1	✓ ✓ ✓
2	✓ ✓ ✓
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5	✓ ✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
stapl additional sheet her

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